

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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46		/				
47		/				
48	/					
49	/					
50		/				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51	/											
52		/										
53	/											
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82		0										
83		0										
84	/											
85	/											
86	/											
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94		/										
95		/										
96		/										
97		/										
98		/										
99		/										
100		/										
TOTAL IND.	26		↓		↓		↓		↓		↓	
TOTAL DEP.	26		←		←		←		←		←	
TOTAL CLAIMS	26											